

**Broker's Name:** \_\_\_\_\_  
**Broker's License Number:** \_\_\_\_\_

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
Surplus Line Brokers Worksheet**

Date Completed: \_\_\_\_\_

							GROSS		RETURN		NET	
Name of Insured	Unauthorized Insurer's Name	Unauthorized Insurer's NAIC No.	Policy No.	Policy Inception Date MM/DD/YYYY	Type of Coverage Issued	Dollar Amount of Coverage	Premium + Fees	Tax	Premium	Tax	Premium + Fees	Tax
<b>TOTAL</b>							\$	\$	\$	\$	\$	\$

**NOTE:**

The above information should be provided for each unauthorized policy written. Use additional pages if necessary.  
Fees charged by the broker are taxable.

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